

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **744452** (4)
1. Corporation Name
ANDY ANDERSON POST #125, AMERICAN LEGION, INC.



Principal Place of Business: **6440 5TH AVE S ST PETERSBURG FL 33707-2333**
Mailing Address: **6440 5TH AVE S ST PETERSBURG FL 33707-2333**

3. Date Incorporated or Qualified 10/03/1978	3a. Date of Last Report 05/31/1995
4. FEI Number 59-6136756	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**LOVELL, EARL F
7011 DARTMOUTH AVE N
ST PETERSBURG FL 33710**

10. Name and Address of New Registered Agent

81. Name: **LOVELL, EARL F.**
82. Street Address (P.O. Box Number is Not Acceptable): **5609 - 21 Ave, S.**
83.
84. City: **Gulfport** FL 85. Zip Code: **33707**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when replacing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	BURHANS, LAWRENCE <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BURHANS, LAWRENCE	STREET ADDRESS: 6319 4TH AVE S	1.2 NAME
CITY-ST-ZIP: ST PETERSBURG FL		1.3 STREET ADDRESS
TITLE: V	WEBB, ROGER <input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP
NAME: WEBB, ROGER	STREET ADDRESS: 31022 BEECH BLVD S	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP: ST PETE FL		2.2 NAME
TITLE: V	COMBS, WILLIAM <input type="checkbox"/> DELETE	2.3 STREET ADDRESS: 2826 DUPONT ST, S. #2
NAME: COMBS, WILLIAM	STREET ADDRESS: 6266 1ST AVE S #15	2.4 CITY-ST-ZIP: GULFPORT, FL 33707
CITY-ST-ZIP: GULFPORT FL		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	LOVELL, EARL <input type="checkbox"/> DELETE	3.2 NAME
NAME: LOVELL, EARL	STREET ADDRESS: 7011 DARTMOUTH AVE N	3.3 STREET ADDRESS
CITY-ST-ZIP: ST PETERSBURG FL		3.4 CITY-ST-ZIP
TITLE: SD	WALKER, ROBERT C <input checked="" type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WALKER, ROBERT C	STREET ADDRESS: 7108 CENTRAL AVE NO 3	4.2 NAME
CITY-ST-ZIP: ST PETE FL		4.3 STREET ADDRESS: 5609 - 21AVE, S.
TITLE: SD	STONE, DONALD <input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP: GULFPORT, FL-33707
NAME: STONE, DONALD	STREET ADDRESS: 4211 BURLINGTON AVENUE N	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP: ST PETE FL		5.2 NAME
		5.3 STREET ADDRESS: 6709 CARDINAL DR, S.
		5.4 CITY-ST-ZIP: ST PETERSBURG, FL 33707
		6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME
		6.3 STREET ADDRESS: 2150 - 55TH ST, N.
		6.4 CITY-ST-ZIP: ST PETERSBURG, FL 33710

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JAMES Q. MORRISON** *J. Morrison* 5-6-96 (813) 343-4147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)